

## PART B - FEE(S) TRANSMITTAL

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27038 7590 01/19/2006

THERAVANCE, INC.  
 901 GATEWAY BOULEVARD  
 SOUTH SAN FRANCISCO, CA 94080  
 TESHSH2 00000016 500344 10643196

04/18/2006

01 FC:1501 1400.00 DA  
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Lhet Chuakay (Depositor's name)  
 Lhet Chuakay (Signature)  
 April 17, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/643,196	08/18/2003	Edmund J. Moran	P-156-US2	3677

TITLE OF INVENTION: ARYL ANILINE BETA2 ADRENERGIC RECEPTOR AGONISTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/19/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHANG, CELIA C	1625	514-312000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jeffrey A. Hagenah  
 2 Roberta P. Saxon  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Theravance, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

South San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0344 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
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Authorized Signature Roberta P. SaxonDate April 17, 2006Typed or printed name Roberta P. SaxonRegistration No. 43,087

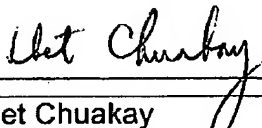
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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<b>To:</b>	<b>Mail Stop ISSUE FEE, Commissioner for Patents</b>	
	Fax. No.	(571) 273-2885
	Application No.	10/643,196
	Filing Date:	August 18, 2003
	Confirmation No.:	3677
	Examiner:	Celia C. Chang
	Art Unit:	1625
	Attorney Docket No.	P-156-US2
<b>From:</b>	<b>Theravance, Inc.</b>	
	Agent:	Roberta P. Saxon
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	Fax. No.:	(650) 808-6078
<b>Date:</b>	<b>April 17, 2006</b>	
<b>No. of Pages :</b>	<b>3 (including this page)</b>	
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<b>Signature :</b>		
<b>Printed Name :</b>	Lhet Chuakay	

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